A bill to be entitled 1 2 An act relating to state university student health 3 insurance; creating s. 1006.72, F.S.; providing a short title and legislative intent; providing requirements for 4 5 state universities with health centers; authorizing a 6 state university to require student proof of health 7 insurance coverage if certain conditions are met or to 8 require the purchase of university-sponsored or other 9 insurance in certain circumstances; requiring student responsibility for resolving outstanding balances owed a 10 11 university health center; providing requirements for 12 acceptable alternative insurance; providing requirements 13 for proof of coverage; providing requirements for 14 university-sponsored insurance providers; requiring annual reporting by state universities; requiring the Board of 15 16 Governors to review and report to the Legislature on 17 student access to health care services; providing an effective date. 18 19 20 Be It Enacted by the Legislature of the State of Florida: 2.1 22 Section 1. Section 1006.72, Florida Statutes, is created to read: 23 24 1006.72 State university student health insurance.-

1006.72 State university student health insurance.—

- (1) TITLE.--This act shall be known as the "Student Health Insurance Protection Act."
 - (2) INTENT.—It is the intent of the Legislature that:

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- (a) State universities assist university students, the majority of whom have private health insurance coverage, through billing the private insurer for services received at the university health center.
- (b) State universities that require mandatory health insurance coverage recognize private health insurance as an alternative to the university health insurance coverage.
- (c) State universities maximize revenues by collecting funds from student private health insurers to subsidize the operations of the university health center and to reduce health fees or fees for health services to the greatest extent possible.
- (3) STUDENT HEALTH INSURANCE.—— Beginning July 1, 2010, state universities that charge a health fee, charge fees for services provided in the university health center, and have university health centers that employ at least one full-time physician must:
- (a) Bill a student's private health insurer for services, prescriptions, or other items provided by the university health center for which the student is assessed a charge.
- (b) Ensure that the university health center is considered an in-network provider with at least five of the 10 largest health insurance companies or managed care plans providing coverage in the state.

Notwithstanding the provisions of this subsection, a student is responsible for resolving any outstanding balances owed the

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university health center, subject to the health insurer or managed care agreement between the university and the health insurance company or managed care plan.

- (4) MANDATORY HEALTH INSURANCE COVERAGE.-
- (a) Beginning July 1, 2010, each state university that chooses to require students to provide proof of health insurance coverage as a nonacademic condition of enrollment must comply with the provisions of this subsection. Such universities shall:
- 1. Competitively bid any university-sponsored health insurance.
- 2. Establish policies that outline acceptable alternative insurance policies as provided in subsection (5).
- 3. Bill a student's private or university-sponsored health insurer for services, prescriptions, or other items provided by the university health center for which the student is charged.
- 4. Ensure that the university health center is considered an in-network provider with at least five of the 10 largest health insurance companies or managed care plans providing coverage in the state.
- 5. Ensure that the university-sponsored insurance and acceptable alternative insurance policies as provided in subsection (5) cover, at a minimum, the level of services in the standard health benefit plan as described in s. 627.6699(12)(b)4.
- 6. In order to prevent double billing, accept the student health fee as a prepaid copayment, deductible, or payment for

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noncovered services subject to provisions in any managed care agreement that expressly prohibits such prepayment.

- 7. Use at least 10 percent of all net revenue generated through insurance collections to provide subsidies for uninsured students to purchase university-sponsored insurance or an alternative insurance policy as provided in subsection (5).
- (c) Notwithstanding this subsection, a student is responsible for resolving any outstanding balances owed the university health center, subject to the health insurer or managed care agreement between the university and the health insurance company or managed care plan.
- (5) ACCEPTABLE ALTERNATIVE INSURANCE.-- A domestic
 student's health insurance policy is considered to be acceptable
 for purposes of this section if:
- (a) The policy meets the level of services in the standard health benefit plan as described in s. 627.6699(12)(b)4.
- (b) The policy provides, at a minimum, coverage from the beginning of a semester, 24 hours a day, until the beginning of the next semester.
- (c) The university health center is included in the network of providers covered by the policy or there are network providers covered by the policy in reasonable geographic proximity to the state university campus where the student is enrolled.
- (6) PROOF OF COVERAGE. -- Proof of health insurance coverage must be provided in the manner and by the date prescribed by the state university or the university may require the student to

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purchase the university-sponsored health insurance pursuant to subsection (4) or acceptable alternative insurance pursuant to subsection (5).

- (7) UNIVERSITY-SPONSORED INSURANCE PROVIDERS.—To be eligible to be considered a university-sponsored insurance provider for student health care services, the insurance company or managed care plan must:
- (a) Fulfill the requirements to serve as an insurance carrier, including an entity that provides health benefit plans in this state, an authorized insurer, a health maintenance organization, or any other person providing a health benefit plan that is subject to insurance regulation in this state.
- (b) Comply with a 75 percent loss ratio, so that at least 75 percent of the premiums students pay for any insurance purchased through the university must be spent toward medical services.
- (8) REPORTING REQUIREMENTS. -- Each university shall annually report all revenue generated through private, university-sponsored, and acceptable alternative student health insurance billing; expenses associated with insurance billing from the previous fiscal year; and information on health insurance and managed care plans offered by the university as university-sponsored student health insurance, including the loss ratios of each.
- (9) REVIEW AND REPORT. -- The Board of Governors shall review student access to health care services as implemented according to this section, including the scope and use of

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services of uninsured students, the means to improve access to
health care for students, the use of revenues from billing
health insurance carriers, the success of university health
centers in becoming in-network providers with major insurance
carriers in the state, and proposals to improve the benefits and
efficiency of student access to health care services and provide
a report to the President of the Senate and the Speaker of the
House of Representatives by January 31, 2013.

Section 2. This act shall take effect July 1, 2009.

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